

Montachusett Small Business Assistance Program (MSBAP)

Montachusett Regional Planning Commission

The Montachusett Regional Planning Commission (MRPC) is administering a grant assistance program to small businesses in the greater north central Massachusetts region.

Small businesses adversely impacted by the closure as a result of the COVID-19 pandemic and resulting economic decline are eligible to apply¹.

The grant program is funded by the Massachusetts Office of Attorney General Maura Healey, through the [Small Business Relief Partnership Grant Program](https://www.mass.gov/news/ags-office-announces-new-grant-program-and-partnership-to-provide-relief-for-small-businesses) (← make this a link to this → <https://www.mass.gov/news/ags-office-announces-new-grant-program-and-partnership-to-provide-relief-for-small-businesses>).

MRPC was awarded \$25,000 to distribute funds to small businesses in the Montachusett Region.²

Additional program criteria follow on pp. 2-3.

All submitted information is confidential, and will be used solely for the purpose of this application and its review.

You will be contacted if additional information is required. Please contact Glenn Eaton, Executive Director, Montachusett Regional Planning Commission (MRPC) if you require assistance or additional information (see p. 3 for contact information).

This is a five-page application; see pp. 4-8.



¹ Eligible businesses include the following: food service and production; restaurants; bed and breakfasts; housecleaners; laundromat or dry-cleaners; car repair/garage; barber shops/beauty salons; health care and social assistance; and, small retail shops.

² The Montachusett Region includes the cities of Fitchburg, Gardner, and Leominster, the towns of Ashburnham, Ashby, Athol, Ayer, Clinton, Groton, Harvard, Hubbardston, Lancaster, Lunenburg, Petersham, Phillipston, Royalston, Shirley, Sterling, Templeton, Townsend, Westminster, and Winchendon, and the planned business community of Devens.

PROGRAM INFORMATION
MONTACHUSETT SMALL BUSINESS ASSISTANCE GRANT PROGRAM (MSBAP)

The Montachusett Small Business Assistance Program (MSBAP) will provide up to 25, \$1,000 grants to businesses that:

- Completely fill-out the grant application;
- Provide all, required follow-up information as indicated by the MRPC after the grant application has been received by the MRPC; and,
- Meet all of the eligibility criteria, described below.

Small Business/Grant Applicant Eligibility Criteria

1. The MSBAP will provide small business grants (up to \$1,000 per eligible business) to the following types of businesses with up to 20 employees:
 - a. Food service and production;
 - b. Restaurants;
 - c. Bed and breakfasts;
 - d. Housecleaners;
 - e. Laundromat or dry-cleaners;
 - f. Car repair/garage;
 - g. Barber shops/beauty salons;
 - h. Health care and social assistance; and,
 - i. Small retail shops.
2. Eligible business expenses will include the following:
 - a. Fixed debt payments (such as on real estate and machinery and equipment);
 - b. Payroll;
 - c. Accounts payable;
 - d. Lost sales;
 - e. Lost opportunities; and,
 - f. Other working capital expenses that could have been recognized had the COVID-19 pandemic not occurred.
3. Businesses must be current on taxes and fees.
4. Applicants must provide evidence of the business owner's/owners' personal and business tax income returns.
5. That the funds will be used for the business, and not personal, use(s).
6. Receipts of all, eligible must be required at the time of application in order to seek reimbursement of up to \$1,000 from the MSBAP.
7. Businesses must be operating legally within Massachusetts.

The MSBAP is intended to complement other programs available from local financial institutions providing US SBA loan programs, the regionwide Microloan Program as administered by the North Central Massachusetts Development Corporation (NCMDC) and other grant and/or loan products available from municipalities. Some municipalities have created small business assistance grant and/or loan programs (such as the City of Fitchburg); these should be researched by the applicant prior to requesting assistance from the MRPC. There are private sector lenders in the region that have been providing pre-pandemic US SBA loan products to enterprises; these must also be investigated by the applicant prior to applying to the MRPC.

Applicants must provide information within this grant application if the business seeking funds has already applied for or received US SBA funds from the two, available US SBA loan/grant programs and/or any other local, state, and/or federal COVID-19 pandemic-related business assistance programs (see p. 5, below). The MRPC reserves the right to award or deny any and all applications where the applicant(s) has already received other financial assistance due to the current economic crisis related to the COVID-19 pandemic.

A large print copy of this application is available upon request by contacting the MRPC:

**Glenn Eaton, Executive Director
Montachusett Regional Planning Commission
464 Abbott Avenue, Leominster, MA 01453**

**978.345.7376, X310 (work office phone)
978.400.8374 (work cell phone)
978.348.2490 (fax)
geaton@mrpc.org**

APPLICATION FOR SBAGP

Business Name: _____

Legal Name of Business, if different: _____

S Corporation: ___ Sole Proprietorship: ___ LLP: ___ LLC: ___ Other (specify): _____

Number of years that the business has been operation under current ownership: _____

Number of years that the business has been operation under past ownership(s): _____

FEIN# or SS #: _____

Birth date(s) of owner(s): _____

Business Address: _____

Year Business was Established: _____

Applicant/Business Owner(s) Name(s): _____

Applicant Home Address: _____

Applicant Phone Number: _____

Applicant Email: _____ Business Website: _____

Does any member of the owner's immediate family (spouse, parents, children or siblings) work (whether full- or part-time) as an employee or serve as an elected or appointed official (whether paid or unpaid) of the municipality in which s/he/they live? Yes No

If yes, Relative's Name: _____ Position: _____

Was your business operating when the Massachusetts State of Emergency (related to the COVID-19 pandemic) was declared on March 10, 2020? Yes No

Did the COVID-19 pandemic directly impact your business? Yes No

If yes, describe how, and when its impact started:

Is the economic decline that occurred as a result of the COVID-19 pandemic still affecting your business?
 Yes No

Is your "brick and mortar" business location closed? Yes No Operating on reduced hours

To be eligible for this program, the applicant-business must be one of the following. Please indicate your type of business, below:

- Food service and/or production
- Restaurant
- Bed and breakfast
- Housecleaner
- Laundromat or dry-cleaner
- Car repair/garage
- Barber shops/beauty salon
- Health care and/or social assistance
- Small retail shop

Describe what adverse economic effects the pandemic has had on your business:

Number of employees in 2020 prior to the pandemic, including yourself? ___ Full-Time ___ Part-Time

Current number of employees, including yourself³: ___ Full-Time ___ Part-Time

Please briefly explain how you plan to use this funding, how the funding will help your business remain viable, and approximately how long the funds can help your business: _____

Applicants to the MSBAP that have not yet received assistance from any, other government program to assist businesses during the COVID-19 pandemic will be prioritized.

Did you firm receive any financial assistance from any other source due to the COVID-19-related pandemic? If so, please list all assistance, below:

Name of funding institution: _____

Amount of assistance received: \$ _____

Name of funding institution: _____

Amount of assistance received: \$ _____

The MRPC reserves the right to fund or deny any and all applications where the applicant(s) has already received other financial assistance due to the current economic crisis related to the COVID-19 pandemic.

What was your gross business revenue during that period from January 1 to June 30, 2020? \$ _____

What was your gross business revenue during the same period in 2019? \$ _____

³ Eligible businesses may have up to 20 employees.

What is the amount of business interruption insurance received or expected, if any: \$ _____

Has your business received state or federal pandemic assistance? [] Yes [] No [] Pending

If yes, total amount(s): \$ _____ Source(s): _____

Funds Requested for (state amount for one month only):

Salaries: \$ _____

Indirect Employee Costs: \$ _____

Occupancy: \$ _____

Utilities: \$ _____

Insurance: \$ _____

Cost of Goods: \$ _____

Communications/Internet: \$ _____

Advertising/Marketing: \$ _____

Shipping/Delivery: \$ _____

Other 1: \$ _____

Other 2: \$ _____

Other 3: \$ _____

TOTAL: \$ _____

Specify Other: _____

DEMOGRAPHIC INFORMATION

Voluntary information is being requested of all grant applicants such as veteran status, marital status, ethnicity, race, primary language and gender, below.

The applicant(s) is/(are) requested to provide the following information.

Please circle one of the following.

| | | | | | |
|-----------------|------------------------|--|--------------------------------|--|-------|
| White | Black/African American | Black/African American and White | Hispanic and White | Hispanic and Black/African American | Asian |
| Asian and White | Hispanic and Asian | Native Hawaiian/Other Pacific Islander | American Indian/Alaskan Native | American Indian/Alaskan Native and White | Other |

Gender Male Female
 Other Prefer not to say

Marital status: Single Married Separated Divorced

If female, are you head of household? Yes No

Are you disabled? Yes No

Are you a veteran? Yes No

Citizenship - Check item that applies: U.S. Citizen Non-Citizen/Legal Alien Other, describe:

CERTIFICATIONS AND SIGNATURE(S)

If there are multiple unrelated owners, all owners must provide all, required information. All owners need to sign this signature page, below.

I/(We) understand that a complete business grant application includes:

1. This application including all required information requested from pp. 4 through 8;
2. Any and all eligible and legitimate receipts related to this application;
3. Completed personal IRS 1040 Form plus all attachments of the owner(s) (for 2018 or 2019 – the most recently completed and filed document);
4. Completed business tax returns for the for-profit or non-profit organization applying for the grant (for 2018 or 2019 – the most recently completed and filed document); and the,
5. Business (organization’s) bank statements from January 1, 2020 through June 30, 2020.

I/(We) further understand that:

- ✓ Only complete applications will be considered by the MRPC;
- ✓ Applications will be reviewed and processed based upon the order in which they will be received;
- ✓ All information presented in this application may be subject to verification by the MRPC; and,
- ✓ Once the MRPC receives and reviews this application, you may be contacted and requested to provide any and all third-party source documentation, if necessary, to confirm the information that is provided by the applicant(s) for this business is accurate.

I/(we) certify and attest that:

- My/(our)business maintains all local licenses and permits necessary for its operation, and is not subject to any local lien or legal judgement;
- Pursuant to MGL c. 62C, §49A, I/(we) am/(are) compliant with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and transmitting of child support;
- Since March 10, 2020, my/(our) gross business receipts have declined and/or that my/(our) business has curtailed employment or employee hours;
- I/(we) have read the MRPC MSBAP program guidelines and I/(we will) abide by its terms and conditions;
- All information provided herein is accurate to the best of my/(our) knowledge. Falsification of any information provided now or through additional documentary requests by the MRPC may result in disqualification of the application or the requirement to pay back funds received;
- I/(we) am/(are) authorized to submit this application on behalf of this business; and,
- I/(we) am/(are) authorized to enter into any agreement that may follow this application.

_____ Date: _____ Signature

_____ Date: _____ Signature